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HASLAM'S VIEW



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Better safe than sorry

I SUSPECT I'M NOT ALONE. WHENEVER I'VE BEEN AWAY FROM THE PRACTICE FOR A HOLIDAY, or even a weekend – I still have this vague sense of unease. What did I miss last week? Did that child with a cold really have meningitis? What about the chap with dyspepsia? Despite my making myself as certain as I possibly could that the pain was coming from his gut, rather than his heart, did he end up in hospital with a heart attack? Were the junior doctors chuntering even now about how hopeless GPs are – 'how on earth could he have missed this one?'

While some of this is pure paranoia, which no amount of career seniority will ever completely wipe out, I rather suspect that much of it relates to two things. First, that actually I do care – however cheesy that sounds – and I know that you care too. And second, I am constantly aware that a major part of our job relates to our skill and ability to absorb risk, something I have described in the past as our risk sink function, and that absorbing risk inevitably means that we are taking a risk, and taking a risk is risky.

Of course we try and minimise this, but inevitably – absolutely inevitably – sometimes we will get it wrong. The only way to be close to being totally absolutely completely 100% certain that the person consulting you with a headache hasn't got a brain tumour is to arrange a scan. But if we arranged scans on every headache, it would lead to delays for the patients who really do need scans. And it would almost certainly cause more problems than we solve – finding irrelevant pathology that would have to be investigated, causing extraordinary levels of anxiety, and who knows what else.

'I wake in the early hours suddenly wondering if I got a particular case that day right or not'

It's a worrying thought. The NHS survives because we have to be expert at managing risk, and we are generally astonishingly good at this considering how often we don't have quite enough information and quite enough time. But risk management isn't the same as risk avoidance, and we simply have to retain our self-criticism and awareness of our own fallibility. Which sometimes means that I wake in the early hours suddenly wondering if I got a particular case that day right or not.

And sometimes I get the decision about when to refer and when to investigate horribly wrong. Take the patient who consulted me two days after flying back to the UK from the Far East. He had developed an acute pain in the left side of his chest, and although my detailed examination revealed nothing, I was suspicious enough from the history that this could be a pulmonary embolus and so I admitted him .

A week later he came back to see me. I hadn't yet received a discharge letter – now there was a surprise – and he looked well and was on no treatment. But he had wanted me to know what had happened.

He had been an inpatient for four days. After routine initial blood tests, D-dimers, chest X-ray, and an ECG he had eventually had what sounded like arterial blood gases, a lung scan, and echocardiography. They then observed him for a couple of days, after which he had a CT pulmonary angiogram. And when all these were declared to be normal, he was told: 'There's nothing wrong. We didn't really need to have you in hospital. I think your GP probably overreacted.'

And my patient was so amused by this comment that he thought he would come and tell me.

But the day that I stop wondering if I'm getting it wrong, is the day that I know I should retire.

Tell us what you think?

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